






# Work Order ID 63069



Wednesday, October 20, 2010 8:05:24 AM

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Item ID:	D412-775-013 ✓	Accept		Setup	Start	
Revision ID:						
Item Name:	Step Protective Trim				Stop	
Start Date:	10/20/2010	Start Qty:	1.00			
Required Date:	10/21/2010	Req'd Qty:	1.00			
Reference:						

Approvals:	Process Plan: <i>mt</i>	Date: 10-10-20	Tooling:	Date:	Run	Start	
	QC:	Date:	SPC (Y/N):	Date:		Stop	

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
<b>Draw Nbr</b>	<b>Revision Nbr</b>								
DSI 9503	A								
IIN D412-775	Rev A								

100		0.00							
	DOCUMENT CONTROL								
DC		0.00							
Document Control	Memo								
	Photocopy bluefile & type labels per PPP D412-775-013 CHG002								
105	Pick Kit	0.00							
									
Packaging		0.00							
Packaging	Memo								

*for CL 10/10/201*

*10/10/2010*

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

**Work Order ID 63069**

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Item ID: D412-775-013

Accept

Setup Start

Revision ID:

Stop

Item Name: Step Protective Trim

Start Date: 10/20/2010 Start Qty: 1.00

Cust Item ID:

Required Date: 10/21/2010 Req'd Qty: 1.00

Customer:




Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
110 	QC4- 100% Inspect kits for completeness	0.00				1			10/10/21
QC Quality Control	Memo	0.00							
120 	Packaging	0.00							10/10/21
Packaging	Memo	0.00							
Packaging	Identify and pack for shipping as per PPP D412-775-013 Location: <u>30</u> PPP Rev: <u>A</u>								
130 	QC21- Final Inspection - Work Order Release	0.00							10/10/21
QC Quality Control	Memo	0.00							MF 10-10-21

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Picklist Print

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Work Order ID: 63069



Parent Item: D412-775-013



Parent Item Name: Step Protective Trim

Start Date: 10/20/2010

Required Date: 10/21/2010

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:A 08-12-10 new issue DD verified by:ec IPP Rev:B add pick  
kit DD 10.02.18 Verified By:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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D3608-1



Lower Doubler

Manufactured

No

110

Each

4.0000



1

10/10/2010

Location

st175

Loc Qty

4

Loc Code

57586

4

D3608-3



Upper Doubler

Manufactured

No

110

Each

4.0000



1

10/10/2010

Location

st175

Loc Qty

4

Loc Code

57587

4

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries